

# Quality of Life and Psychiatric Co-Morbidity in Patient with Vitiligo

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## Abstract

**Background:** Vitiligo is an acquired discoloration of skin and has great cosmetic importance affecting 1-4% of the world's population. Men, women, and children with vitiligo face severe psychological disturbance and most of the time undiagnosed. Hence, the problem persists affecting mostly the individual's quality of life (QOL).

**Aim:** Assessing the QOL, and co-morbid depression in patients with vitiligo.

**Materials and Methods:** The study conducted at Private Nursing Home, Gulbarga, Karnataka. The patients registered for dermatologist consultation were also registered for consultation with psychiatrist to rule out major depression after detailed evaluation using standardized scales.

**Results:** Patients who had vitiligo had major depression, and their QOL was disturbed.

**Conclusion:** The finding provides the role of the psychiatrist in the field of dermatology to treat co-morbid major depression and improve QOL.

**Key words:** Depression, Quality of life, Vitiligo

## INTRODUCTION

Vitiligo a cosmetic problem, affects individuals emotional and psychosocial well-being.<sup>1,2</sup> Vitiligo has severe psychosocial and occupational problems. The emotional factors are associated in one-third of patients with skin conditions.<sup>3</sup> Several patients with vitiligo report low self-esteem and embarrassment leading to social isolation and emotional stress, particularly if the disease develops on exposed areas of the body. The stigma of the disease may affect a person's interpersonal and social behavior, which in turn increases the risk of major depression and other psychosocial disorders.<sup>4-7</sup> The overall mental health in vitiligo patients is poor<sup>8</sup> and leads to a dramatic decrease in quality of life (QOL).<sup>9</sup> The majority of vitiligo

patients experiences depression, anxiety, frustration, and embarrassment during social interaction and disturbances noted in interpersonal relations or beginning a new social or sexual relationship. Counseling and medications can help improve body image, self-esteem, and QOL of patients with vitiligo.<sup>10</sup>

## MATERIALS AND METHODS

A cross-sectional study conducted in the private nursing home, Gulbarga, Karnataka. Clinically, diagnosed vitiligo patients in the age group of 18-40 willing to take part in the study were included. Patients with personal and familial mental illness, substance abuse, and primary depression were excluded. The control group included age and sex-matched individuals. They had minor skin changes like acne, wrinkles, tanning.

Materials used were vitiligo area severity index, dermatology life quality index questionnaire (DLQI), montgomery-Asperger depression rating scale, Hamilton anxiety rating scale.

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## RESULTS

The sample consisted of 25.5% ( $n = 12$ ) males; females accounted for 74.4% ( $n = 35$ ). Among the subjects employed were 36.1% ( $n = 17$ ) unemployed were 76.5% ( $n = 30$ ). The patients who had the lesion on exposed area were 85.1% ( $n = 40$ ) and non-exposed area 14.8( $n = 7$ ).

Psychiatric co-morbidity consisted of 80.8% ( $n = 38$ ) out of which major depressive disorder accounted for 63.8% ( $n = 30$ ). The patient also had Social phobia with the highest prevalence at 82.9% ( $n = 39$ ). Some of them also had both major depressive disorder and social phobia and consisted of 57.4% ( $n = 27$ ). Suicidality was also seen in 31.9% ( $n = 15$ ) of patients, high risk intentionality in 8.5% ( $n = 4$ ), and low risk intentionality in 23.8% ( $n = 11$ ).

In present study 30 of 47 patients had major depressive disorder. Chi-square test on this data shows that exposed vitiligo and major depressive disorder are significantly related ( $P < 0.05$ ) (Tables 1 and 2).

A 39 of total patients had social phobia and all the patients with social phobia had vitiligo in exposed area. Chi-square test on this data shows that vitiligo in exposed area and social phobias are significantly related (Significant  $P < 0.05$ ).

In this study, 95% of the patients had elevated DLQI with very severe, moderate, and mild effect in 38%, 38%, and 19% of patients, The DLQI score ranged from 1 to

20 with mean DLQI score of  $8.86 \pm 4.26$  in patient and  $1.02 \pm 1.12$  in control group ( $P < 0.001$ ).

## DISCUSSION

Vitiligo lowers individual's QOL by affecting social relations, work, games and overall social life due to disfigurement.<sup>11</sup> The psychological impact can have serious implications in individual with dark skin, due to noticeable contrast.<sup>12</sup>

In this study, 95% of patient had elevated DLQI against 30% in control group. 76% of patients had high DLQI scores falling into severe (38%) and moderate effect group (38%), whereas not a single control had severe or moderate DLQI score indicating considerable effect of vitiligo on QOL of patient ( $P < 0.001$ ).

In our study, 63.8% of patients had major depression, which was similar to some other studies stating major depression in 69% and 46.2% cases.<sup>13,14</sup>

## CONCLUSION

The present study showed deterioration in QOL and higher prevalence of major depression in patients with vitiligo. 64% of patients suffered from major depression, which is not a coincident. The chronic progression of the disease, long-term treatment, lack of effective therapy, and unpredictable prognosis and therapy causes psychological distress, contributing to compromised QOL, as well as major depression in some patients. There is a significant role of mental health professionals to treat underlying depression and further improving the QOL of the individual.

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**Table 1: Chi-square test to compare the proportions**

Socio-Demographic variable	n (%)		$\chi^2$ value	P value
	Vitiligo	Control		
Sex				
Male	12 (25.5)	13 (27.6)	0.00	1.000
Female	35 (74.4)	34 (72.3)		
Total	47 (100.0)	47 (100.0)		
Lesion				
Exposed	40 (85.1)	-	0.00	1.000
Non-exposed	7 (14.8)	-		
Total	47 (100.0)			
Occupation				
Employed	17 (36.1)	42 (89.3)	0.00	1.000
Non-employed	30 (76.5)	5 (0.6)		
Total	47 (100.0)	47 (100.0)		

**Table 2: Prevalence of depression in subject group based on MADRS scale**

MADRS classification	Frequency	Prevalence (%)
No-depression	30	63.8
Depression	17	36.1
Total	47	100.0

MADRS: Montgomery-asperger depression rating scale

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